

Sealed Radioactive Source Inventory Form

1. SOURCE DESCRIPTION		
BNL Identification: _____	Source Model: _____	Serial Number: _____
Radionuclide(s): _____ Manufacturer: _____		
Radiation Type: _____	Chemical Form: _____	Physical Form: (solid) (liquid) (gas) (other)
Original Activity: _____	Date of Original Assay: ____/____/____	
Physical Description: _____		
Containment: _____		<input type="checkbox"/> ANSI / Special Form
Radiation Reading _____ at Reference Distance: _____		
Date of Receipt: ____/____/____		Purchase Order: _____
2. SOURCE STATUS		
Status change (Check one or more):		Date of Update: ____/____/____
<input type="checkbox"/> New source – initial entry	<input type="checkbox"/> Active – in use	<input type="checkbox"/> In storage
<input type="checkbox"/> New custodian	<input type="checkbox"/> Source integrity failed	<input type="checkbox"/> Lost
<input type="checkbox"/> Awaiting disposal	<input type="checkbox"/> Disposed	
<input type="checkbox"/> Transferred to new location on-site (update section 4)		
<input type="checkbox"/> Transferred off-site	Destination: _____	Shipping No.: _____
3. SOURCE CUSTODIAN		
Custodian's Name: _____		BNL Life/Guest Number: _____
Address: _____		Phone Number: _____ E-mail Address: _____
4. SOURCE LOCATION AND USE		
_____	_____	_____
Department/Division	Building	Location (e.g., Room, Beam Line or Experiment)
Use: _____		Check If Installed In Device: <input type="checkbox"/>
Device Description: _____		
Device Model: _____		Device Serial Number: _____
5. INITIAL INVENTORY / LEAK TEST		
Initial Inventory/Leak Test performed: <input type="checkbox"/> YES <input type="checkbox"/> NO		
(If Yes) Sealed Radioactive Source Accountability Form attached: <input type="checkbox"/>		

Original to be sent to Master Source Custodian
Copy to be filed by Department Source Custodian